

PASADENA AREA COMMUNITY COLLEGE DISTRICT  
Office of Human Resources  
**CLASSIFIED EMPLOYEE EVALUATION (POA)**

Name \_\_\_\_\_ Classification \_\_\_\_\_

Department \_\_\_\_\_ Date Sent \_\_\_\_\_ Due in Human Resources \_\_\_\_\_ Probation \_\_\_\_\_  
 Ends Annual Review  Probationary: 3 mo.  6 mo.  10 mo.  Unscheduled

**INSTRUCTIONS TO THE RATER:** When rating each factor, check the column you think most appropriate. Comment on ratings in the "Needs Improvement" or "Outstanding" columns. If evaluation is probationary, recommend permanency, an extension, or termination under remarks. The completed evaluation MUST be discussed with the employee, who may make comments in the section, EMPLOYEE'S REMARKS. The department head is to review and sign the form in the proper space. After the employee signs the form, this form should be returned to Human Resources to be placed into the employee's file. The department should make one copy for the employee and one copy for the department file.

CRITERIA		EVALUATION			COMMENTS OF RATER
If factor is not applicable, indicate N/A in "Satisfactory" column		Needs Improvement	Satisfactory	Outstanding	
QUANTITY OF WORK					
QUALITY OF WORK	Accuracy				
	Thoroughness				
	Neatness				
WORK HABITS	Acceptance of assignments				
	Compliance with instructions				
	Safety practices				
	Initiative				
ATTENDANCE	Attendance record				
	Punctuality				
	Observance of work schedules				
ATTITUDES	Relations with public				
	Relations with staff				
	Acceptance of change				
SUPERVISORY ABILITY	(if applicable)				
OUTCOMES ASSESSMENT	<b>If applicable:</b> Assesses outcomes (SLOs, SSOs, unit) and uses assessments to make improvements. Staff that are directly responsible for student learning outcomes use the results of the assessments to improve student learning.				

ADDITIONAL REMARKS of Rater or Department Head \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Rater has supervised employee \_\_\_\_\_ yrs. \_\_\_\_\_ mos. Signature of rater \_\_\_\_\_ Date \_\_\_\_\_

COMMENTS of Department Head \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Department Head's Signature \_\_\_\_\_ Date \_\_\_\_\_

EMPLOYEE'S REMARKS (Attach separate sheet if preferred) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

By signing this form, the employee acknowledges that the rating was discussed with the rater, but that the employee may not necessarily agree with the rating.

Signature of employee \_\_\_\_\_ Date \_\_\_\_\_